

# POTRERO HILL CONSTRUCTION COLLECTION

## Preparation for Placement

- Work Readiness
- Skill Building
- Training Stipends
- On The Job Training
- Construction Employment

### Recruitment Sessions

(Outdoor, Socially Distanced)

#### Citybuild's Spring Enrollment

(Drop your completed application  
at one of the below locations:)

Young Community Developers

**MONDAY February 8**

@ Missouri bwn Watchman & Turner  
3-5pm

Potrero Neighborhood House

**WEDNESDAY February 10**

@ 953 De Haro 3-5pm

Urban YMCA

**FRIDAY February 12**

@ 129 Dakota 3-5pm



Potrero Hill Neighborhood House (NABE)



# CityBuild Academy Application

### Application Disclaimer:

Providing some of the listed questions are **OPTIONAL**. It is used for reporting and demographic purposes only. Therefore, it is provided by the applicant on a voluntary basis.

### Client Information

<b>First Name</b>		<b>Middle Initial</b>		<b>Last Name</b>	
<b>Gender Identity</b>	<input type="checkbox"/> Female <input type="checkbox"/> Trans Female <input type="checkbox"/> Gender Non-binary <input type="checkbox"/> Decline to State <input type="checkbox"/> Male <input type="checkbox"/> Trans Male <input type="checkbox"/> Other: _____				
<b>Last 4 SSN</b>	X X X-X X- _ _ _ _	<b>Date of Birth</b>			
<b>Address</b>				<b>Email</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Phone Number</b>			<b>Mobile Number</b>		
<b>Do you have one or both of the following:</b>	<input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Government ID		<b>Language Assistance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, Please Identify</b>

### Services Requested

<b>I am seeking the following:</b>	<input type="checkbox"/> Union Construction Referral <input type="checkbox"/> Seeking Sponsorship <input type="checkbox"/> CityBuild Academy Training <input type="checkbox"/> Recertification			
<b>I am interested in other OEWD Sector Training:</b>	<input type="checkbox"/> TechSF <input type="checkbox"/> Health Care <input type="checkbox"/> Hospitality		<b>I am currently on government assisted program such as and not limited to PAES or CalWorks:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Demographics *Providing demographic information is **OPTIONAL**. It is used for reporting and statistical purposes only.*

<b>Race/Ethnicity</b> (Mark <b>All</b> that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latin X <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American				
<b>Highest Education Level</b>	<input type="checkbox"/> _____ Grade <i>(Write highest grade completed. For example: 11<sup>th</sup> Grade)</i> <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED or Equivalent <input type="checkbox"/> Associates Degree (AA, AS) <input type="checkbox"/> Certificate of Attendance/Completion <input type="checkbox"/> Bachelor's Degree or Equivalent (BA, BS) <input type="checkbox"/> Other Post-Secondary Degree or Certificate <input type="checkbox"/> Degree Beyond a Bachelor Degree (MA, MS, MBA)				
<b>Former Foster Youth</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Veteran?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Experiencing Homeless or Formerly Homeless?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Household Size</b>	#	<b>Dependents Under 18</b>	#	<b>Household Type</b>	<input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Two Adults No Children <input type="checkbox"/> Other

### Training/Employment Information

<b>Currently in School</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of High School Attended/Attending</b>			
<b>Construction Experience</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Trade</b>		<b>Level</b>	<input type="checkbox"/> Pre-Apprentice <input type="checkbox"/> Apprentice <input type="checkbox"/> Journey
<b>Have you been in a Construction Union</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, What Local Union #</b>			
<b>Vocational Training</b>	<b>Certifications</b>				
<b>Primary Mode of Transportation</b>	<input type="checkbox"/> Bike <input type="checkbox"/> Bus <input type="checkbox"/> Car			<b>Are you willing to commute out of SF?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have holds on your Driver's License?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Application Continued on Reverse





# CityBuild Academy Application

Do you have anything that would limit your ability to perform intensive construction work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain	
Do you require any special accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type	

## Work Experience *Please list your most recent job*

Job Title		From		To	
Employer		Supervisor			
Job Type		Phone Number		Wage	
Description of Duties					
Reason for Leaving	<input type="checkbox"/> Currently Working <input type="checkbox"/> Temporary <input type="checkbox"/> Quit <input type="checkbox"/> Found New Job <input type="checkbox"/> Laid Off <input type="checkbox"/> Moved <input type="checkbox"/> Dismissed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Enough Pay				

## Emergency Contact

In case of an injury, will you allow us to provide for emergency medical treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain	
<i>In case of an emergency please provide the name and telephone number of a relative or friend not living with you</i>	
Name	Phone Number

I hereby certify that, to the best of my knowledge, the above and previous statements are true and correct.  
I understand this information is subject to verification.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under the age of 18, please provide parental consent.

Parent Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Internal Use Only:

TABE Scores	Math: _____	English: _____	Applied Math: _____	Language: _____
Completed IEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referred to CityBuild by		



# CityBuild Academy Application

I hereby authorize and give consent:

To have my picture taken for program publicity or for program identification  Yes  No

To be filmed or videotaped for program publicity purposes only  Yes  No

I declare that no member of my family is engaged in an administrative capacity for the Office or Economic & Workforce Development (OEWD), Workforce investment of San Francisco (WISF) Board, or any of the other participating agency, as well as other officials who may have influence or control over the administration of the program (such as executive director, director, president, vice-president and unit chiefs, persons who have selection, hiring, placement or supervisory responsibilities for participating agency systems) excluding economically disadvantaged members of the OEWD, WISF, or other participating agency  Yes  No

I understand that if any of the information I have supplied is found to be inaccurate (And I understand and consent that some or all of it may be verified) I am be faced with these consequences  Yes  No

- A. Immediate termination from my internship, work or training;
- B. Possible civil or criminal prosecution;
- C. Requirement to pay back all funds I have received and to reimburse all cost incurred on my behalf

I declare under penalty of perjury that the foregoing statements on this application are true and correct to the best of my knowledge.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Signature of Applicant*  
*Executed in the City & County of San Francisco, State of California*

If under the age of 18, please provide parental consent.

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Signature of Parent*  
*Executed in the City & County of San Francisco, State of California*